

We have tested the logistics of OLV, the best ways to create, exhibit and share works, learning a lot about practicalities (materials), as well as processes (photography, storage, consent).

We also tested the impact of OLV through observation, group reflection, feedback cards and interviews. Initial findings suggest OLV had a positive impact, enabling children to have fun, build positive relationships and develop a sense of self and belonging. We also saw a powerful impact on families, including bereaved families.

We learnt a lot about happiness (and sadness), and about all kinds of connexions. OLV changes all the time, as children take it in new and exciting directions. We feel that OLV is transferrable to other settings.

## Generating Research, Knowledge and Outcomes

### P-53 HOW WE MADE AUDIT WORK FOR US – THE ROLE OF THE NON-CLINICIAN

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Audit is a crucial tool for evaluating how well any organisation is doing; it specifically asks if we are meeting an expected standard. If the standard is met we can be assured that, as a team, good practice is being maintained, if not met, recommendations from the audit need to be implemented through an agreed action plan. Whatever the outcome of any audit it is vital to demonstrate reflective practice and continued commitment to, or improvement in, those standards which underpin the overall delivery of services.

At our hospice, audit was important, but it had always been the 'domain' of the clinicians. Moreover, we were struggling to engage busy clinicians in driving forward our refreshed, comprehensive audit programme and its associated process. We therefore needed to think differently.

Working on our hospice-wide quality agenda through shared learning sessions, it became clear that non-clinical colleagues were eager to help especially as everyone recognised the central value of audit and could see how becoming involved would build their understanding of key clinical areas. Managers from all our other departments (fundraising, trading, support etc) were invited to volunteer to improve their understanding of some of the challenges of patient care by supporting clinicians with audit completion. To demystify the work we ran education sessions to introduce the importance of audit and it was a boon that our non-clinical managers were quickly inspired by the sessions and readily seized the opportunity to work together in a closely collaborative initiative with clinical colleagues.

Key audits were allocated and a clinical lead agreed. The feedback was overwhelmingly positive and participants reported enjoying working to drive meaningful improvement, learning new things and building greater team cohesion. Thanks to this initiative our audit plan was fully successful and is now an embedded, shared practice.

### P-54 A PROPOSAL FOR HOSPICES TO COLLABORATE ON INFORMATION AND KNOWLEDGE SUPPORT

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**Background and aims** Hospice libraries are often small with limited budgets. Most employ one part-time staff member or are run solely by volunteers, however, demand for information support in organisations that strive for evidence-based practice is high. Hospice clinicians need to identify relevant research and appraise it effectively. Hospice librarians need to provide the right support to their users to facilitate the required outcome of highly skilled healthcare professionals that stay current, appraise research appropriately and drive evidence-based practice.

Changes in copyright law and advances in technology mean that it has never been easier to share resources and communicate nationally. While the healthcare sector struggles with increased demand and static financial support, hospice libraries will be required to leverage their resources as much as possible.

**Methods and results** By working together, hospices could maintain their knowledge and information services at an acceptable level and within budgetary constraints. It is proposed that hospices collaborate and share: journal articles; current awareness services; acquisitions lists; online information skills training; and journal club support. A range of resources have already been produced by a large hospice and additional information and tools from participating hospices could be pooled in an online information hub. Email and phone support could be coordinated by the initiating hospice, with particular emphasis placed on supporting the hospice library staff and volunteers already in place all around the country.

Service evaluation and impact would be monitored using website usage reports and statistics on the type and number of phone and email enquiries received. A whole sample online survey would further evaluate the service proposition. Usage statistics and online survey responses would be analysed annually to further develop the service.

### P-55 HOSPICE LIBRARY SERVICES: MUCH MORE THAN A LIBRARY SPACE

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**Background** Within Health Education England, Library and Knowledge Services are acknowledged as a 'powerhouse for education, lifelong learning, research and evidence-based practice. An annual quality assurance framework benchmarks services nationally, providing evidence of input to improving patient care, supporting research activity, workforce development and innovation.

Provision, access and use of hospice library services throughout the UK is largely unknown. A report for the Commission into the Future of Hospice Care – 'Research in palliative care'